AREA CODE/PHONE AREA CODE/PHONE COVER PAGE 8057090595 16 For Official Use Only ا ق CALIFORNIA FORM Special Odd-Year Report Page. ZIP CODE ZIP CODE Ouarterly Statement STATE STATE CILA CFEKKR OĞL SO 19M SOSI ÞĞI (Also file a Form 410 Termination) NAME OF ASSISTANT TREASURER, IF ANY 226 East Canon Perdido Street #D CITY 226 East Canon Perdido Street #D Amendment (Explain Below) Date of election if applicable: OPTIONAL: FAX / E-MAIL ADDRESS X Semi-annual Statement Termination Statement Santa Barbara, CA 93101 Preelection Statement Santa Barbara, CA 93101 Type of Statement: (Month, Day, Year) monica@cicsb.com NAME OF TREASURER Monica Intaglietta MAILING ADDRESS Jennifer Cooper MAILING ADDRESS reasurer(s) CITY cί AREA CODE/PHONE AREA CODE/PHONE 805-709-0595 Statement covers period 07/01/2020 12/31/2020 Primarily Formed Ballot Measure 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 Primarily Formed Candidate/ Officeholder Committee 1407086 ZIP CODE ZIP CODE (Also Complete Part 6) (Also Complete Part 7) Controlled Sponsored Gloria Soto for Santa Maria City Council District 3 2022 I.D. NUMBER through Committee from MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STATE STATE COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) X Officeholder, Candidate Controlled Committee State Candidate Election Committee Political Party/Central Committee 226 East Canon Perdido Street #D Small Contributor Committee OPTIONAL: FAX / E-MAIL ADDRESS STREET ADDRESS (NO P.O. BOX) General Purpose Committee Recipient Committee Campaign Statement Committee Information Santa Barbara, CA 93101 Santa Maria, CA 93456 (Also Complete Part 5) monica@cicsb.com Sponsored PO Box 5252 Cover Page Recall

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Verification 4

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct.

By  Signature of Mantrolling Officeholder, Candidate, State Measure Probonent or Responsible Officer of Sponsor	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
4 20 H	DATE	DATE

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FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-9772) CALIFORNIA ACE-PART2
FORM

of 16

Page 2

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5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	asure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Gloria Soto				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	= APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	OTION	SUPPORT
City Council Member City of Santa Maria	n			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP			
818 W Dante Drive Santa Maria, CA 93458	CA 93458	Identify the controlling officeho	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ent, if any.
Related Committees Not Included in this Statement. List any committees	сопиннев	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	if proponent	
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	'ormad to racaive contributions	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee officeholder(s) or candidate(s) for which this committee is prim	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	s of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	2, BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER			OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF CANDIDATE	OFFICE SOUGHT ON MELD	SUPPORT
	TYES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	D. BOX)			OPPOSE
CITY	ZIP CODE AREA CODE/PHONE			

SUMMARY PAGE FPPC Advice: advice@fppc.ca.gov (866/275-3772) 9 Calendar Year Summary for Candidates 0 8 7/1 to Date CALIFORNIA Running in Both the State Primary and Expenditures Limit Summary for State \*Amounts in this section may be different from amounts Total to Date Cumulative Expenditures Made\* (if Subject to Voluntary Expenditure Limit) ♂ 1407086 က FORM I.D. NUMBER Page . 1/1 through 6/30 8 00. General Elections Date of Election (ww/dd/wm) reported in Column B. ₩ Statement covers period 07/01/2020 12/31/2020 Expenditures Candidates 20. Contributions Received Made 7 through only carry over the amounts previous period amounts. If this is the first report being amounts in Column A may filed for this calendar year, should be subtracted from from from Lines 2, 7, and 9 (if amounts from Column B of your last report. Some be negative figures that add amounts in Column To calculate Column B, A to the corresponding CALENDAR YEAR TOTAL TO DATE Column B 5,085.42 5,085,42 5,085,42 317.00 317.00 317,00 8 8 00 8 8 апу). Amounts may be rounded to whole dollars. TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 1,935.42 2,039.14 Column A 1,935.42 3,657.56 317.00 1,935.42 1,935.42 317.00 317.00 317.00 8 8 8 8 8 8 8 0 8 49 49 69 Add Lines 3 + 4 \$ 69 69 Schedule B, Line 2 1. Monetary Contributions ...... Schedule A, Line 3 Loans Received ...... SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 Schedule C, Line 3 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 ......Column A, Line 3 above Schedule I, Line 4 Cash Payments......Column A, Line 8 above Add Lines 12 + 13 + 14, then subtract Line 15 Payments Made ..... Schedule E, Line 4 SUBTOTAL CASH PAYMENTS......Add Lines 6+7 Add Lines 8 + 9 + 10 49 ..... Schedule H, Line 3 Schedule F, Line 3 .....Schedule C, Line 3 S 18. Cash Equivalents ...... See instructions on reverse Outstanding Debts ...... Add Line 2 + Line 9 in Column B above 17. LOAN GUARANTEES RECEIVED. Gloria Soto for Santa Maria City Council District 3 2022 11. TOTAL EXPENDITURES MADE. If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts 4. Nonmonetary Contributions ..... TOTAL CONTRIBUTIONS RECEIVED. Campaign Disclosure Statement 7. Loans Made ..... 14. Miscellaneous Increases to Cash Cash Receipts ..... Accrued Expenses (Unpaid Bills) ENDING CASH BALANCE Nonmonetary Adjustment **Current Cash Statement** SEE INSTRUCTIONS ON REVERSE Contributions Received Expenditures Made Summary Page

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Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A 16 ŏ CALIFORNIA 4 Page \_\_ Statement covers period 07/01/2020 12/31/2020 through from from

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 100.00 ActBlue AMOUNT RECEIVED THIS PERIOD \*\*INTERMEDIARY 100.00 OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER IF INDIVIDUAL, ENTER NAME OF BUSINESS) Not employed Not employed CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gloria Soto for Santa Maria City Council District 3 2022

CONTRIBUTOR

DATE RECEIVED

Santa Maria, CA 93454

08/18/2020

Kathleen Sharum

416 E Hermosa St

PER ELECTION TO DATE (IF REQUIRED)

366 Summer Street Somerville, MA 02144

1407086

SCC - Small Contributor Committee OTH - Other (e.g., business entity) (other than PTY or SCC) COM - Recipient Committee PTY - Political Party \* Contributor Codes IND - Individual

100.00

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1. Amount received this period - itemized monetary contributions.

Schedule A Summary

(Include all Schedule A subtotals.) - - - -

217.00 317.00 100.00 ↔ \_ \_TOTAL \$ SUBTOTAL \$ ı 2. Amount received this period - unitemized monetary contributions of less than \$100 \_ (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)\_ Total monetary contributions received this period.

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Schedule B - Part 1		Атпо	Amounts may be rounded				SCHE	SCHEDULE B - PART 1
Loans Received			to whole dollars.		Statement covers period 07/01/2020 from		CALIFORNIA FORM	460
				<b>*</b>	through 12/5	12/31/2020	Page 5	of 16
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022	cil District 3 2022						I.D. NUMBER 1407086	98
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTHIBUTIONS TO DATE
				\$ FORGIVEN	θ,	% RATE	€	CALENDAR YEAR \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
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	* Contributor Codes	IND - Individual	OOM - Recipient Committee	(other than PTY or SCC)	OTH - Other (e.g., business entity)	PTY - Political Party	SCC - Small Contributor Committee	
\$		90°.					NET &	
1. Loans received this period	(Total Column (b) plus unitemized loans of less than \$100.)	boison this notion of a forming the property of	Z. Datis baild of logiver this period	(Total Column (c) plus loans under \$100 paid or forgiven)	(Include Ioans paid by a third party that are also itemized on Schedule A.)			A, Line 2

\*Amounts forgiven or paid by another party also must be reported on Schedule A \*\* If required.

<del>(/)</del>

<del>(/)</del>

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SUBTOTALS \$

(Enter (e) on Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Schedule B - Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2 9 CALIFORNIA FORM Statement covers period 07/01/2020 from

12/31/2020 through

Page .

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I.D. NUMBER

AMOUNT GUARANTEED THIS PERIOD

DATE

IND COM OTH PTY SCC 

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Enter on Summary Page. Line 17 only.

SUBTOTAL \$

PER ELECTION (IF REQUIRED)

CALENDAR DATE

BALANCE OUTSTANDING TO DATE

1407086

CUMULATIVE TO DATE

LOAN

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

CONTRIBUTOR

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LENDER

Schedule C Nonmonetary

Schedule C			Amounts may be rounded					SCHEDULE C
Nonmoneta	Nonmonetary Contributions Received		to whole dollars.		Statement	Statement covers period	CALIFORNIA 46	<sup>1</sup> 460
				from		ONO INCOCO	Z C Z Z	
				through		12/31/2020	Page 7	16
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE				,		,	
NAME OF FILER							I.D. NUMBER	
Gloria Soto for	Gloria Soto for Santa Maria City Council District 3 2022						1407086	980
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF. EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		QN			_			
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		00 00 00 00 00 00 00 00 00 00 00 00 00						

Schedule C Summary	* Contributor Codes
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ \$	(other than PTY or SCC) OTH - Other (e.g., business entity)
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee
(add Lines ) and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) Orac	
SUBTOTALS	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period | CALIFORNIA 460 | FORM | Trough | 12/31/2020 | Page | 8 of 16 |

PER ELECTION TO DATE (IF REQUIRED)

1.D. NUMBER

	ь.	
1407086	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	250.00
	AMOUNT THIS PERIOD	250.00
	DESCRIPTION (IF REQUIRED)	
	TYPE OF PAYMENT	Monetary Contribution Nonmonetary Contribution independent Expenditure
Gloria Soto for Santa Maria City Council District 3 2022	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	Santa Barbara Democratic Party  DISTRICT #:    X   Support
Gloria Soto 1	DATE	07/06/2020

## SCHEDULE D SUMMARY

250.00	200.00	
*		
	1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	

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2, Unitemized contributions and independent expenditures made this period of under \$100

250.00	
TOT	÷
	1 1 1 1 1 1 1
O Take Leavish History and independent eventualities and this period (Add Lines 1 and 9. Do not enter on the Summan Dade.)	3. Total contributions and independent experiments made this period. (Add Emes 1 and 2. Do not enter on the Commissy 1 age.)

250.00

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SUBTOTAL

Amounts may be rounded to whole dollars.

SCHEDULE E 16 CALIFORNIA ₽ 6 Page . Statement covers period 07/01/2020 12/31/2020 through from

I.D. NUMBER

1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

MTG meetings and appearances MBR member communications CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\* FIL candidate filing/ballot fees CNS campaign consultants CVC civic donations

IND independent expenditure supporting/opposing others (explain)\* FND fundraising events LEG legal defense

LIT campaign literature and mailings

print ads

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting) OFC office expenses PET petition circulating PHO phone banks

SAL campaign workers' salaries
TEL tv. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail) RAD radio airtime and production costs RFD returned contributions

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Barbara Democratic Party 1025 Castillo Street Santa Barbara, CA 93101 ID: 742091	СТВ		250.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
C&I Consulting 226 East Caron Perdido Street Santa Barbara, CA 93101	PRO		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	n Schedule D.	SUBTOTAL\$	625.00

Amounts may be rounded to whole dollars.

SCHEDULEE 9 <u>ا</u> ق CALIFORNIA 9 Page \_\_ Statement covers period 07/01/2020 12/31/2020 through from

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications CMP campaign paraphernalia/misc.

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

FIL candidate filing/ballot fees FND fundraising events CVC civic donations

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense LIT campaign literature and mailings

PHO phone banks

PET petition circulating OFC office expenses

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs RFD returned contributions

1407086

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Fund For Santa Barbara 26 West Anapamu Street Santa Barbara, CA 93101	CVC		300.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	РВО		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	on Schedule D.	SUBTOTAL\$	600.00

Amounts may be rounded to whole dollars.

Statement covers period

07/01/2020 12/31/2020 mou L

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SCHEDULE

16

through

1407086 I.D. NUMBER

> Gloria Soto for Santa Maria City Council District 3 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications

MTG meetings and appearances OFC office expenses PET petition circulating

CTB contribution (explain nonmonetary)\*

FIL candidate filing/ballot fees

CVC civic donations

FND fundraising events

LEG legal defense

CMP campaign paraphernalia/misc.

CNS campaign consultants

PHO phone banks

postage, delivery and messenger services professional services (legal, accounting) POL polling and survey research POS PRO PRT

IND independent expenditure supporting/opposing others (explain)\*

SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet, e-mail)

RAD radio airtime and production costs

RFD returned contributions

print ads LIT campaign literature and mailings

AMOUNT PAID 150.00 150.00 75.00 450.00 75.00 SUBTOTAL \$ DESCRIPTION OF PAYMENT В Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODE OFO PRO PRO OFC NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 4142 Adams Avenue Suite 103-550 4142 Adams Avenue Suite 103-550 Integrated Solutions: Politica Integrated Solutions: Political 226 East Canon Perdido Street 226 East Canon Perdido Street Santa Barbara, CA 93101 Santa Barbara, CA 93101 San Diego, CA 92116 San Diego, CA 92116 C&I Consulting C&I Consulting

Amounts may be rounded to whole dollars.

SCHEDULE E 9 ₽ CALIFORNIA 72 Page . Statement covers period 07/01/2020 12/31/2020 through from

> Gloria Soto for Santa Maria City Council District 3 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1407086 I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphemalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\* FIL candidate filing/ballot fees CVC civic donations

IND independent expenditure supporting/opposing others (explain)\* FND fundraising events LEG legal defense

LIT campaign literature and mailings

C& | Consulting

polling and survey research phone banks 絽

petition circulating

PET

MTG meetings and appearances MBR member communications

OFC office expenses

postage, delivery and messenger services professional services (legal, accounting) POS PRO PRO PRT

print ads

SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor RAD radio airtime and production costs RFD returned contributions

VOT voter registration WEB information technology costs (internet, e-mail)

AMOUNT PAID 150.00 DESCRIPTION OF PAYMENT Б CODE PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 226 East Canon Perdido Street Santa Barbara, CA 93101

## Schedule E Summary

1,825.00 110.42 \$ \$ I ı ı 1. Itemized payments made this period. (Include all Schedule E subtotals.) \_ \_ 2. Unitemized payments made this period of under \$100 -

1,935.42 8 S w \_ \_ \_ \_ TOTAL 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...

150.00 SUBTOTAL \$ 1 ī 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)... \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule F Accru

Amounts may be rounded

SCHEDULEF

Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period	CALIFORNIA A CA
	from	07/01/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE	through	12/31/2020	Page 13 of 16
NAME OF FILER			I.D. NUMBER
Gloria Soto for Santa Maria City Council District 3 2022			1407086

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals RAD radio airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. postage, delivery and messenger services PHO phone banks
POL polling and survey research
POS postage, delivery and messenger service
PRO professional services (legal, accounting)
PRT print ads MTG meetings and appearances MBR member communications petition circulating OFC office expenses PET petition circulatin IND independent expenditure supporting/opposing others (explain)\* LEG legal defense LIT campaign literature and mailings CTB contribution (explain nonmonetary)\* CMP campaign paraphernalia/misc. FIL candidate filing/ballot fees CNS campaign consultants FND fundraising events CVC civic donations

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) (b) (b) OUTSTANDING BALANCE AMOUNT INCURRED BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

## SCHEDULE F SUMMARY

- 8 \_ INCURRED TOTALS \$ 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) -
- 8 PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 8 - NET \$ 1 ١ ı I ł 1 ı Ī ı 1 1 1 ī 1 1 1 1 1 1 1 1 1 1 1 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) \_ \_ \_ \_ \_ \_ \_

FPPC Form 460 (Jan/2016) <del>(/)</del> 69 s ₩ SUBTOTALS \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

of 16 CALIFORNIA Page 14 FORM Statement covers period 07/01/2020 12/31/2020 through from

SCHEDULE G

1407086 I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances

PET petition circulating OFC office expenses

MBR member communications

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

POL polling and survey research PHO phone banks

POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

TEL tv. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries

AMOUNT PAID DESCRIPTION OF PAYMENT Я CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

TOTAL \* \$

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule H Loans Made to Others\*

Amounts may be rounded to whole dollars.

to whole dol

(a) OUTSTANDING (b) AMOUNT (c) REPAYMENT (d) OUTSTANDING (e) INTEREST BEGINNING THIS PERIOD THIS PERIOD PERIOD PERIOD PERIOD PERIOD PERIOD

iF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS)

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

(g) CUMULATIVE LOANS TO DATE

(f) ORIGINAL AMOUNT OF LOAN

1407086

CALENDAR YEAR

\$
PER ELECTION\*\*

%

RATE

S

49

DATE INCURRED

↔

<del>69</del>

SUBTOTALS \$ \$ \$

₩

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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Miscellaneous Increases to Cash Schedule I

Amounts may be rounded to whole dollars.

SCHEDULE CALIFORNIA 46 16 5 FORM 16 Page \_\_ Statement covers period 12/31/2020 07/01/2020 through from

1407086 I.D. NUMBER

Gloria Soto for Santa Maria City Council District 3 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE RECEIVED

AMOUNT OF INCREASE TO CASH

DESCRIPTION OF RECEIPT

Schedule I Summary

8 O 1. Itemized increases to cash this period. - -

€9 2. Unitemized increases to cash of under \$100 this period. - -

8

8

<del>(S)</del> 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) - -

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) \_ \_ \_

8 \_TOTAL \$

. . . .

SUBTOTAL \$